



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, PACIFIC TOWER 970
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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Kido	Clarence	Michael	(808) 674-3282
MAILING ADDRESS (Street)			FAX
1001 Kamokila Blvd.			(808) 674-3111
(City)	(State)	(Zip Code)	
Kapolei	HI	96707	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
The Estate of James Campbell			(808) 674-6674
MAILING ADDRESS (Street)			FAX
1001 Kamokila Blvd.			(808) 674-3111
(City)	(State)	(Zip Code)	
Kapolei	HI	96707	

PART II ORGANIZATION			
			TELEPHONE
The Estate of James Campbell			(808) 674-6674
MAILING ADDRESS (Street)			FAX
1001 Kamokila Blvd.			(808) 674-3111
(City)	(State)	(Zip Code)	
Kapolei	HI	96707	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Clarence M. Kido			(808) 674-3282
MAILING ADDRESS (Street)			FAX
1001 Kamokila Blvd.			(808) 674-3111
(City)	(State)	(Zip Code)	
Kapolei	HI	96707	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input checked="" type="checkbox"/> Agriculture	<input checked="" type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input checked="" type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input checked="" type="checkbox"/> Government Operations & Finance	<input checked="" type="checkbox"/> Intergovernmental Relations, International Affairs	<input checked="" type="checkbox"/> Tourism & Recreation
<input type="checkbox"/> Consumer Protection & Commerce	<input checked="" type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input checked="" type="checkbox"/> Transportation
<input checked="" type="checkbox"/> Culture, Arts, Historic Preservation	<input type="checkbox"/> Health	<input checked="" type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input checked="" type="checkbox"/> Ecology, Energy Environmental Protection	<input checked="" type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	_____

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

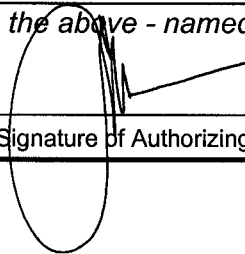
Clarence M. Kuo

1/24/03

(Signature of Lobbyist)

(Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Stephen H. MacMillan		Chief Executive Officer	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
The Estate of James Campbell		(808) 674-6674	
MAILING ADDRESS (Street)		FAX	
1001 Kamokila Blvd.		(808) 674-3111	
(City)	(State)	(Zip Code)	
Kapolei	HI	96707	
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>			
		<i>1/24/03</i>	
(Signature of Authorizing Officer or Person Represented)		(Date)	